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FEE TRANSMITTAL					ed Inventor	Hagano			
For FY 2005					Name	A. Michael CHAMBERS			
Applicant Claims small entity status. See 37 CFR 1.27						3753			
TOTAL AMOUNT OF	PAYMENT	(\$) 50		Attorney (Docket No.	26BT	-023		
METHOD OF PAYM	ENT (check all that a	pply)							
[2] Check [] None	Other (please id	ientify):						
Deposit Acc	ount Deposit Accour	nt Number: 50-	1147	Deposit Aco	count Name:	Posz La	aw Group, F	² LC	
	e-identified deposit ac rge fee(s) indicated b		is hereby auth	orized to: (che	ck all that apply)			
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FEE CALCULATION					· · · · · · · · · · · · · · · · · · ·				
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2. EXCESS CLAIM	FEES						For	Small (6) Fee	
Fee Description Each claim over 20 o	or, for Reissues, each	claim over 20 and	more than in th	ne original pater	nt		100		5
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Total Claims	<u>Extra Claims</u> x HP = 1	<u>Fee (\$)</u>	- <u>F66</u>	Paid (\$)		Fee (\$	ependent Clai	nes Paid (\$)	
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4. OTHER FEE(S) Non-English S		\$130 fee (no sma						Fees P	id(\$)
Other.									
SUBMITTED BY		2 // 1							
Signature	linelis	Na J		ration No. ey/Agent)	36,880		Telephone	(703) 707	-9110
Name (Print/Type)	Cynthia K. Nicho	lison			·		Date	14 July 200	5